## Foster Family Home - Corrective Action Report

rovider ID:	1-559130	)				
lome Name:	Mercedit	a Morg	gia, CNA	Review ID:	1-559130-3	
1-519 Inoa Stre	et			Reviewer:		
Vaimanalo		НІ	96795	Begin Date:	8/24/2015	End Date: 9/21/2015
oster Family	Home	Re	equired Certific	cate	[17	-1454-6]
i.(d)(1)				irements in this cha		
Comment:						
(d)(1) Home of the corrective action	visit made on plan du	on 8/2 e to C	24/2015 for a 2- TA on 9/24/201	bed recertificatio 5.	n. Corrective ac	ction report issued during home visit with
6 (d)(1) see ap	plicable s	ections	s of this review.			
oster Family Home		Information Confidentiality		fidentiality	[17-1454-13.1]	
3.1.(c)(2)	The us	e or dis	sclosure is specifi	cally permitted und	er applicable fede	eral or state rules or regulations.
Comment:						
3.1.(c)(2) Clie	nt #1's Co	onsent	Form not prese	ent in the Home.		
oster Family	Home	Me	edication and l	Nutrition	[17	-1454-46]
-6.(e)						ing special feeding needs of clients from a uctions and training.
Comment:						3
6.(e) Training	of specia	l pure	ed diet for all Co	Gs not present re	garding Client #	1.
						- 1- 1
	Com	nliono	o Managdt			8/24 ho! 5 Date 08/24/2015
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	Prim	andre	Giver		- 10-2	
Page 1 of 1	FIUI	ai ywc	Olivei			Date 8/24/2015 16:26 PM

## Plan of Correction

Date: 09 /21 / 2015

13.1 (C) (2), Client # 1's consent form is now present in the home. This will not happen again because it is the client's binder (chart) at all times.

46 (E) The training of the special present diet for all caregivers are completed. The training document is in client #1's chart at all times

Date:

Mercedita K. Mogrgia, PCG

lyin

09/20/2015

Home Address:

41-519 Inoa St. Waimanalo, HJ 96795